

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Sinner for Congress

ADDRESS (number and street)
▼

PO Box 9614

Check if different
than previously
reported. (ACC)

Fargo

ND

58106

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00560441

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

ND

00

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Jon Ewen

Signature of Treasurer

Mr. Jon Ewen

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

04

15

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 20

Write or Type Committee Name

Sinner for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	37025.00	37025.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	37025.00	37025.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3841.20	3841.20
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	3841.20	3841.20
8. Cash on Hand at Close of Reporting Period (from Line 27).....	33183.80	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 20

Write or Type Committee Name

Sinner for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

I. RECEIPTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

25325.00

25325.00

(ii) Unitemized.....

2700.00

2700.00

(iii) TOTAL of contributions from individuals ▶

28025.00

28025.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

9000.00

9000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

37025.00

37025.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

37025.00

37025.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 20

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3841.20	3841.20
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3841.20	3841.20

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	37025.00
25. SUBTOTAL (add Line 23 and Line 24).....	37025.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3841.20
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	33183.80

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 20

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Sinner for Congress

A. Full Name (Last, First, Middle Initial) Rena Aarfor			Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2014	
Mailing Address 3535 Woodbury Ct S			Transaction ID : VNVPN9P7GH1	
City	State	Zip Code	Amount of Each Receipt this Period 1000.00	
Fargo	ND	58103-6273		
FEC ID number of contributing federal political committee. C				
Name of Employer Bradford Associates		Occupation Associate		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
B. Full Name (Last, First, Middle Initial) WM. Baldwin			Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2014	
Mailing Address 8244 144th Ave NE			Transaction ID : VNVPN9P7KF2	
City	State	Zip Code	Amount of Each Receipt this Period 250.00	
Saint Thomas	ND	58276-9719		
FEC ID number of contributing federal political committee. C				
Name of Employer Self		Occupation Farmer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
C. Full Name (Last, First, Middle Initial) Tracey Boe			Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2014	
Mailing Address 502-76-8474 R.R. 1, Box 35			Transaction ID : VNVPN9P7F95	
City	State	Zip Code	Amount of Each Receipt this Period 500.00	
Mylo	ND	58353		
FEC ID number of contributing federal political committee. C				
Name of Employer State of North Dakota		Occupation Representative		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
SUBTOTAL of Receipts This Page (optional).....			1750.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Sinner for Congress

Full Name (Last, First, Middle Initial)

Eric Broten

A.

Mailing Address 1635 106th Ave SE

City

Dazey

State

ND

Zip Code

58429-9762

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Farmer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2014

Transaction ID : VNVPN9P7GM5

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

James Broten

B.

Mailing Address 1637 106th Ave SE

City

Dazey

State

ND

Zip Code

58429-9762

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Farmer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2014

Transaction ID : VNVPN9P7GK7

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

Liz Anne Conmy

C.

Mailing Address 1612 9th St S

City

Fargo

State

ND

Zip Code

58103-4119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota State University MoorheadOccupation
Professor

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2014

Transaction ID : VNVPN9P7GD0

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Sinner for Congress

A. Full Name (Last, First, Middle Initial) James A Dotzenrod		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2014	
Mailing Address 507 5th St P.O. BOX 69 City Wyndmere State ND Zip Code 58081-4217		Transaction ID : VNVPN9P7G56	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer State of North Dakota	Occupation Representative		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

B. Full Name (Last, First, Middle Initial) Benjamin Elder		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2014	
Mailing Address 1637 106th Ave SE City Dazey State ND Zip Code 58429-9762		Transaction ID : VNVPN9P7GN3	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Self	Occupation Farmer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

C. Full Name (Last, First, Middle Initial) Richard Engen		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2014	
Mailing Address 607 Np Ave N City Fargo State ND Zip Code 58102-5243		Transaction ID : VNVPN9P7GJ9	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Financial Advantage Wealth Management	Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Sinner for Congress

Full Name (Last, First, Middle Initial) Tessa A Gould		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2014
Mailing Address 628 14th St NE		Transaction ID : VNVPN9P39E1
City Washington	State DC	
Zip Code 20002-5658		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sen. Heitkamp	Occupation Chief of Staff	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Jacob N Gust		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 4614 81st St N		Transaction ID : VNVPN9P7GP1
City Fargo	State ND	
Zip Code 58102-7501		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Farmer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Eileen Hauff		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 4164 Osgood Pkwy S		Transaction ID : VNVPN9P7GQ9
City Fargo	State ND	
Zip Code 58104-3302		Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Veterans Administration Hospital	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Sinner for Congress

A. Full Name (Last, First, Middle Initial) Matthew D Hauff		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2014	
Mailing Address 1153 43rd Ave W		Transaction ID : VNVPN9P7G64	
City West Fargo	State ND	Zip Code 58078-8838	Amount of Each Receipt this Period _____ 1500.00
FEC ID number of contributing federal political committee. <div>C</div>			
Name of Employer Brookstone Properties, LLC	Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1500.00		
B. Full Name (Last, First, Middle Initial) Joel C Heitkamp		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2014	
Mailing Address 9457 W Ridge Rd		Transaction ID : VNVPN9P7FR4	
City Hankinson	State ND	Zip Code 58041-9514	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. <div>C</div>			
Name of Employer KFGO - 790	Occupation Radio Host		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		
C. Full Name (Last, First, Middle Initial) William A Hejl		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2014	
Mailing Address 15560 28th St SE		Transaction ID : VNVPN9P39A9	
City Amenia	State ND	Zip Code 58004-9746	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. <div>C</div>			
Name of Employer Self	Occupation Farmer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		
SUBTOTAL of Receipts This Page (optional).....		_____ 2500.00	
TOTAL This Period (last page this line number only).....		_____	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Sinner for Congress

A. Full Name (Last, First, Middle Initial) Steven P Holm		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2014	
Mailing Address 506 Busse Ln		Transaction ID : VNVPN9P7KH8	
City Cavalier	State ND	Zip Code 58220-4706	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Bjornson Oil Co	Occupation Marketer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
B. Full Name (Last, First, Middle Initial) Deborah J Igoe		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2014	
Mailing Address 815 N 32nd St		Transaction ID : VNVPN9P7G98	
City Bismarck	State ND	Zip Code 58501-3221	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
C. Full Name (Last, First, Middle Initial) Gary L Ihry		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2014	
Mailing Address PO Box 9		Transaction ID : VNVPN9P7GS4	
City Hope	State ND	Zip Code 58046-0009	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Farmer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
SUBTOTAL of Receipts This Page (optional).....		2250.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Sinner for Congress

Full Name (Last, First, Middle Initial)

Kelly Kylo

Mailing Address 132 5th St

City

Grandin

State

ND

Zip Code

58038

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
Self

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		20		2014

Transaction ID : VNVPN9PYDG9

Amount of Each Receipt this Period

500.00

* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation
Conduit total listed in Agg. field

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1675.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		23		2014

Transaction ID : VNVPN9PYDG9E

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

Friends of Mac Schneider

Mailing Address 1806 University Ave

City

Grand Forks

State

ND

Zip Code

58203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation
Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

525.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		23		2014

Transaction ID : VNVPN9PYD93

Amount of Each Receipt this Period

525.00

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1025.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Sinner for Congress

Full Name (Last, First, Middle Initial)

ACTBLUE**A.**

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.**C** C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2014

Transaction ID : VNVPN9PYD93E

Amount of Each Receipt this Period

525.00

[MEMO ITEM]

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

Patrick Mahar**B.**

Mailing Address 502 E 3rd Ave S

City

Cavalier

State

ND

Zip Code

58220-4213

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Essentia

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2014

Transaction ID : VNVPN9P7GY4

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

Dean Meyer**C.**

Mailing Address 4031 Highway 22

City

Dickinson

State

ND

Zip Code

58601-9509

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Self

Rancher

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2014

Transaction ID : VNVPN9P39F8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

800.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Sinner for Congress

A. Full Name (Last, First, Middle Initial) Phil Murphy		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 1212 Parke Ave		Transaction ID : VNVPN9PYDK2	
City Portland	State ND	Zip Code 58274-4013	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Not employed	Occupation Teacher		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		
			* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial) ACTBLUE		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address PO Box 382110		Transaction ID : VNVPN9PYDK2E	
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C C00401224			
Name of Employer	Occupation Conduit total listed in Agg. field		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1675.00		
			[MEMO ITEM] Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial) Perry Ostmo		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 1272 122nd Ave NE		Transaction ID : VNVPN9P7FP8	
City Sharon	State ND	Zip Code 58277-9002	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Farmer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 500.00
TOTAL This Period (last page this line number only).....	_____

✕	11a		11b		11c		11d	
	12		13a		13b		14	15

FEC Schedule A (Form 3) (Revised 02/2009)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Sinner for Congress

Full Name (Last, First, Middle Initial)

A. Douglas K Restemayer

Mailing Address 201 17th St N

City

Moorhead

State

MN

Zip Code

56560-2331

FEC ID number of contributing
federal political committee.

C

Name of Employer
D-S Beverages, Inc.Occupation
President

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : VNVPN9P3975

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Joseph J Richardson

Mailing Address 2816 27th St S

City

Fargo

State

ND

Zip Code

58103-5033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gaming Studio, Inc.Occupation
CEO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		29		2014

Transaction ID : VNVPN9P7FJ6

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jamie M Selzler

Mailing Address 3276 Blackford Pkwy

City

Lexington

State

KY

Zip Code

40509-9058

FEC ID number of contributing
federal political committee.

C

Name of Employer
AmazonOccupation
Manager

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		28		2014

Transaction ID : VNVPN9P7G07

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Sinner for Congress

Full Name (Last, First, Middle Initial)

Jeffrey J Simon

A.

Mailing Address 2019 Ida Mae Ct

City

Minot

State

ND

Zip Code

58703-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer

Trinity Hospital

Occupation

CRNA

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2014

Transaction ID : VNVPN9P3983

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Jon Swegarden

B.

Mailing Address 1246 Oak St N

City

Fargo

State

ND

Zip Code

58102-2707

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Dakota Center for Sleep

Occupation

President

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2014

Transaction ID : VNVPN9P7GB4

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Robert D Vivatson

C.

Mailing Address PO Box 631

City

Cavalier

State

ND

Zip Code

58220-0631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Farmer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2014

Transaction ID : VNVPN9P7KN9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

25325.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 20

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Sinner for Congress

Full Name (Last, First, Middle Initial)

Dakota Prairie PAC

A.

Mailing Address PO Box 15293

City

Washington

State

DC

Zip Code

20003-0293

FEC ID number of contributing
federal political committee.

C C00536607

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		30		2014

Transaction ID : VNVPN9P39C5

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

HEIDI FOR SENATE

B.

Mailing Address PO Box 1577

City

Bismarck

State

ND

Zip Code

58502-1577

FEC ID number of contributing
federal political committee.

C C00505552

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		29		2014

Transaction ID : VNVPN9P39D3

Amount of Each Receipt this Period

4000.00

\$2,000 for Primary, \$2,000 for General

Full Name (Last, First, Middle Initial)

HEIDI FOR SENATE

C.

Mailing Address PO Box 1577

City

Bismarck

State

ND

Zip Code

58502-1577

FEC ID number of contributing
federal political committee.

C C00505552

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		29		2014

Transaction ID : VNVPN9PYFE9

Amount of Each Receipt this Period

-2000.00

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional).....

9000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 20

☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Sinner for Congress

Full Name (Last, First, Middle Initial)
HEIDI FOR SENATE

Mailing Address **PO Box 1577**

City State Zip Code
Bismarck ND 58502-1577

FEC ID number of contributing
federal political committee.

C **C00505552**

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

03 / 29 / 2014

Transaction ID : **VNVPN9PYFG4**

Amount of Each Receipt this Period

2000.00

[MEMO ITEM]
 *

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

9000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Sinner for Congress

Full Name (Last, First, Middle Initial)

A. Daniel L Lipner

Mailing Address 3801 Connecticut Ave NW

City	State	Zip Code
Washington	DC	20008-4530

Purpose of Disbursement
Campaign Management Consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2014

Amount of Each Disbursement this Period

2125.00

Transaction ID : VNTQD9HV5B8

B. Daniel L Lipner

Mailing Address 3801 Connecticut Ave NW

City	State	Zip Code
Washington	DC	20008-4530

Purpose of Disbursement
Travel reimbursement

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2014

Amount of Each Disbursement this Period

523.00

Transaction ID : VNTQD9HV5H5

[MEMO ITEM]

* travel from Fargo to DC

c. Delta Airlines

Mailing Address 1030 Delta Blvd

City	State	Zip Code
Atlanta	GA	30354-1989

Purpose of Disbursement
Campaign Staff travelCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2014

Amount of Each Disbursement this Period

523.00

Transaction ID : VNTQD9HV5M9

[MEMO ITEM]

*

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2125.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Sinner for Congress

Full Name (Last, First, Middle Initial)

A. NGP VANMailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Campaign Finance Database services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		26		2014

Amount of Each Disbursement this Period

1650.00

Transaction ID : VNTQD9HV5N7

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1650.00

3775.00
